LP4H form 27
AAP-3

COMMUNITY CLUB ENROLLMENT SUMMARY SHEET

Club Name:_____ Club Year _____

Member Name	Address	City	Phone	Gender	Fee Payment Cash	Fee Payment Check Number	Fee Waiver

Make check payable to UofA, La Paz County

Total Enrollment - _____ Members Total Enrollment Fees Enclosed-_____

I have read the instruction for clubs regarding compliance to Title IV of the Civil Rights Act of 1964 and certify that this club is open to individuals without regard to race, color, religion, sex, national origin, age, disability, veteran status, or sexual orientation.

Racial Make-Up of Club- Enter the correct number of each blank

White (Not of Hispanic Origin)_____ Black (Not of Hispanic Origin)_____ American Indian _____

Hispanic _____ Asian or Pacific Islander_____

Leader Signature_____ Date_____

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Club Name:_____ Club Year _____

Member Name	Address	City	Phone	Gender	Fee Payment Cash	Fee Payment Check Number	Fee Waiver

Post Total Enrollment and Enrollment Fees on Page One- Make More Copies if Needed